


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 20 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09902 (0)**  
 1. Corporation Name  
**MOUNT ZION APOSTOLIC FAITH CHURCH, INC.**



Principal Place of Business <b>* MRS. WASHINGTON          1821 H AVENUE EAST          RIVIERA BCH. FL 33404</b>	Mailing Address <b>PO BOX 10480          RIVIERA BCH. FL 33419-0480          US</b>
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3. Date Incorporated or Qualified <b>06/24/1985</b>	3a. Date of Last Report <b>07/10/1996</b>
4. FEI Number <b>59-2612323</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**WASHINGTON, CHARLES SR.  
 8781 N BATES RD  
 RIVIERA BEACH FL 33418**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Charles Washington SR.* DATE **4/28/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WASHINGTON, CHARLES W.	
STREET ADDRESS	8781 N BATES RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WASHINGTON, GEORGIA ANN	
STREET ADDRESS	8781 N BATES RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STARKS, RUTH	
STREET ADDRESS	1633 DOUGLAS AVENUE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLUNTSON, LULA	
STREET ADDRESS	922 30TH COURT	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GILL, SHIRLEY	
STREET ADDRESS	734 PALM STREET	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles Washington SR.* DATE **4/28/97** DAYTIME PHONE # **561-898-9135**

CR2E037 (9/96)